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JCS4 U.S. PTO

NAMED INVENTOR OR APPLICATION IDENTIFIER: **THOMPSON ET AL.**
IMPLANTABLE MEDICAL DEVICE CONTROLLED BY A NON-INVASIVE PHYSIOLOGICAL DATA MEASUREMENT DEVICE

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, *EXPRESS No. EL799065525US, on this 4th day of April, 2001.

FRAYDA M. NISCHKE
Printed Name: FRAYDA M. NISCHKE
Signature: FRAYDA M. NISCHKE

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Commissioner of Patents and Trademarks
Washington, D.C. 20231

jc997 U.S. PTO
09/825909
04/04/01

Sir:

We are transmitting herewith the attached:

- X **Patent Application Transmittal**
- X **Specification:**
Total pages: 11 (including claims and abstract: Spec. 8 sheets; Claims 2 sheets; Abstract - 1)
- X **Drawings:**
Total sheets: 6
☐ formal ☒ informal

Unsigned Combined Declaration and Power of Attorney:

- ☐ newly executed
- ☐ copy from prior application
- ☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- X Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

- ☐ Notification of filing a
- ☐ Assignment of the Invention to Medtronic, Inc.™
- ☐ Assignment cover sheet
- ☐ Information Disclosure Statement
- ☐ PTO Form 1449
- ☐ Copies of IDS citations
- ☐ Preliminary Amendment
- ☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
- X Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. / .
- ☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation
☐ division ☐ continuation in part of application number , filed .
- ☐ Cancel in this application original claims of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in the prior application is to: .

X This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) 60/194,512, filed April 4, 2000.

X Address all future correspondence to: Girma Wolde-Michael, Reg. No. 36,724
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| FEE CALCULATION | No. of Claims Filed | Claims Included in Base Fee | No. of Extra Claims | Rate | Fee |
|------------------------------|------------------------|--------------------------------|---------------------------|-------|-----|
| Total Claims | 7 | 20 | = | x 18 | 0 |
| Independent Claims | 2 | 3 | = | x 80 | 0 |
| Multiple Dependent Claims | | | | + 270 | 0 |
| Basic Filing Fee | | | | | 710 |
| | | | | TOTAL | 710 |

Charge Deposit Account No. 13-2546 the sum of \$710.00 (Filing Fee) for a total of \$710.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

Date

04/04/01


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